

## AMES LABORATORY CONTRACTOR SAFETY & QUALITY ASSURANCE INFORMATION QUESTIONNAIRE

Contract # \_\_\_\_\_

Project Name \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone Contact # \_\_\_\_\_ Email \_\_\_\_\_

- ☐ Approved

☐ Approved as noted

☐ Not approved – Resubmit

ESH&A  
Signature \_\_\_\_\_

1. List your firm's interstate Experience Modification Rate (EMR) for the past three consecutive years.  
**NOTE:** This information can be obtained from your Worker's Compensation carrier.

\_\_\_\_\_  
Year

Identify your Worker's Compensation carrier:

\_\_\_\_\_  
Year

Address: \_\_\_\_\_

\_\_\_\_\_  
Year

Phone: \_\_\_\_\_

2. Using the information from the OSHA No. 300 log, provide the following information on injuries and illnesses for the past three consecutive years.

A. Total number of recordable cases  
(i.e., sutures, fractures, burns, rashes,  
foreign body in eye, etc.) including  
cases involving lost time.

\_\_\_\_\_  
Year

\_\_\_\_\_  
Year

\_\_\_\_\_  
Year

B. Number of lost workday cases.

C. Number of lost workdays.

D. Number of fatalities.

E. Employee hours worked each year.

Rate Calculation Formulas:

A)  $\frac{\text{Number of OSHA Recordable Cases} \times 200,000}{\text{Number of Hours Worked Per Year}}$

B)  $\frac{\text{Number of Lost Time Accidents} \times 200,000}{\text{Number of Hours Worked Per Year}}$

C)  $\frac{\text{Number of Days Lost} \times 200,000}{\text{Number of Days Worked Per Year}}$

3. How often are accident reports (OSHA 300) and report summaries sent to the following:

	<u>Never</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
Field Superintendent	_____	_____	_____	_____
Vice President of Construction	_____	_____	_____	_____
President/CEO	_____	_____	_____	_____

4. Does your firm:

Have a written company safety policy signed by a company officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have an established written safety plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a written Hazard Communication Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Identify by name and title the person within your firm directly responsible for your firm's safety program: \_\_\_\_\_ Phone: \_\_\_\_\_

6. How often do you hold site safety meetings for field supervisors?

_____ Weekly	_____ Monthly	_____ Never
_____ Bi-Weekly	_____ As Required	

7. How often do you hold craft "tool box" safety meetings?

_____ Weekly	_____ Monthly	_____ Never
_____ Bi-Weekly	_____ As Required	

8. How often do you conduct safety inspections? \_\_\_\_\_  
Who performs this inspection? \_\_\_\_\_

9. Do you have orientation for new hires? ☐ Yes ☐ No

If yes, does it include:

	Yes	No
Head Protection	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>
Safety Belt and Lifeline (Fall Protection)	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding/Work Platform, Competent Person	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter Guarding/Floor, Wall and Roof Openings	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
First-Aid	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures – Rescue/Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>
Trenching and Excavation, Competent Person	<input type="checkbox"/>	<input type="checkbox"/>
Signs, Barricades, Flagging	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety, Lockout/Tagout Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Rigging and Crane Safety	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Recognition	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a program for newly hired/promoted foremen? ☐ Yes ☐ No  
 If yes, does it include:

	Yes	No
Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>
Methods of Safety Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Toolbox Meetings	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
First-Aid	<input type="checkbox"/>	<input type="checkbox"/>
Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection and Prevention	<input type="checkbox"/>	<input type="checkbox"/>
New Worker Orientation	<input type="checkbox"/>	<input type="checkbox"/>

### **QUALITY ASSURANCE**

Check one of the following boxes:

#### **LEVEL 1**

☐ Contractor has a documented quality assurance program.

#### **LEVEL 2**

☐ Contractor has a documented Quality Assurance Program that adequately addressed the quality requirements applying to work normally performed.

#### **LEVEL 3**

☐ Contractor currently does not have a documented Quality Assurance Program, but has successfully performed construction activities at the Ames Laboratory.

#### **LEVEL 4**

☐ Contractor currently does not have a documented Quality Assurance Program, and has not previously performed construction activities at the Ames Laboratory.

If you check the block in either 1 or 2 above, please enclose a copy of your Quality Assurance Manual.

Check all blocks that apply to this contract:

- (1) Work to be performed by your Company  
(2) Work to be performed by a Sub-Contractor to your Company

1 2 Site Work

- ☐ ☐ Demolition  
☐ ☐ Earthwork  
☐ ☐ Site Improvements  
☐ ☐ Landscaping  
☐ ☐ Paving and Surfacing

Concrete

- ☐ ☐ Cast-in Place Concrete  
☐ ☐ Precast Concrete  
☐ ☐ Cementitious Decks  
☐ ☐ Restoration and Cleaning

Masonry

- ☐ ☐ Unit Masonry  
☐ ☐ Stone  
☐ ☐ Restoration

Metals

- ☐ ☐ General  
☐ ☐ Structural Metal Framing  
☐ ☐ Joists  
☐ ☐ Decking  
☐ ☐ Miscellaneous and Ornamental

1 2 Thermal and Moisture Protection

- ☐ ☐ Waterproofing  
☐ ☐ Insulation  
☐ ☐ Fireproofing  
☐ ☐ Preformed Siding  
☐ ☐ Flashing and Sheet Metal  
☐ ☐ Roofing (General)  
☐ ☐ Shingles and Roofing Tiles  
☐ ☐ Preformed Roofing  
☐ ☐ Membrane Roofing

Doors and Windows

- ☐ ☐ Metal Doors and Frames  
☐ ☐ Wood and Plastic Doors  
☐ ☐ Special Doors  
☐ ☐ Entrances and Store Fronts  
☐ ☐ Metal Windows  
☐ ☐ Wood and Plastic Windows  
☐ ☐ Special Windows  
☐ ☐ Hardware and Specialties  
☐ ☐ Glazing

Finishes

- ☐ ☐ Lath and Plaster/Drywall  
☐ ☐ Acoustical Treatment  
☐ ☐ Wood Flooring  
☐ ☐ Stone and Brick Flooring  
☐ ☐ Resilient Flooring  
☐ ☐ Carpeting  
☐ ☐ Painting  
☐ ☐ Wall Covering

1 2 Furnishings

- ☐ ☐ Cabinets and Casework  
☐ ☐ Window Treatment  
☐ ☐ Furniture and Accessories

Special Construction

- ☐ ☐ Clean Rooms  
☐ ☐ Insulated Rooms  
☐ ☐ Radiation Protection  
☐ ☐ Pre-engineered Structures  
☐ ☐ Liquid and Gas Storage Tanks  
☐ ☐ Industrial/Process Control Systems  
☐ ☐ Fire Suppression/Supervisory Systems

Mechanical

- ☐ ☐ General  
☐ ☐ Insulation  
☐ ☐ Special Process Piping Systems  
☐ ☐ Plumbing and Sewerage  
☐ ☐ Fire Protection  
☐ ☐ Power or Heat Generation  
☐ ☐ Air Distribution  
☐ ☐ Controls and Instrumentation

1 2 Wood and Plastics

- ☐ ☐ Rough Carpentry
- ☐ ☐ Heavy Timber Construction
- ☐ ☐ Prefabricated Structural Wood
- ☐ ☐ Finish Carpentry
- ☐ ☐ Architectural Woodwork

Conveying Systems

- ☐ ☐ Elevators
- ☐ ☐ Hoists and Cranes
- ☐ ☐ Lifts
- ☐ ☐ Material Handling Systems

1 2 Equipment

- ☐ ☐ Waste Handling Equipment
- ☐ ☐ Water Supply and Treatment Equipment
- ☐ ☐ Communication Systems
- ☐ ☐ Fluid Waste Disposal and Treatment Equipment
- ☐ ☐ Laboratory Equipment

1 2 Electrical

- ☐ ☐ General
- ☐ ☐ Substations
- ☐ ☐ Primary Distribution
- ☐ ☐ Secondary Distribution
- ☐ ☐ Lighting
- ☐ ☐ Cathodic Protection
- ☐ ☐ Controls